

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm 320 Owner	ent Addre Pear Leo	ss (nui	bana Blue  mber and street, city, state, zip code)  ST New Albany IN 47150  Lopez	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection (mm/dd/yr)      -7  -   9	
Person in C Responsible Certified F	e Person's	ger	Lopez Granado Puran 6-26-24		C   NC   R	
<ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>						
Section#	C/NC	R	Narrative	The state of the s		To Be Corrected By
			- no repent Violatio	045-		
Received by Received by	leo	2	of own	Inspected by (name and title properties of the p	inted): Snide	, EHS